

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	30						TOTAL DEP.				
TOTAL CLAIMS	33						TOTAL CLAIMS				
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS											
FORM PTO-1360 (REV. 3-78)											
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